Booker

<table>
<tr><td rowspan="3">MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)</td><td>SERIAL NO. 10/553116</td><td>FILING DATE</td></tr>
<tr><td colspan="2">APPLICANT(S)</td></tr>
</table>

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
5								55						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.			3					TOTAL IND.						
TOTAL DEP.			17					TOTAL DEP.						
TOTAL CLAIMS			20					TOTAL CLAIMS						